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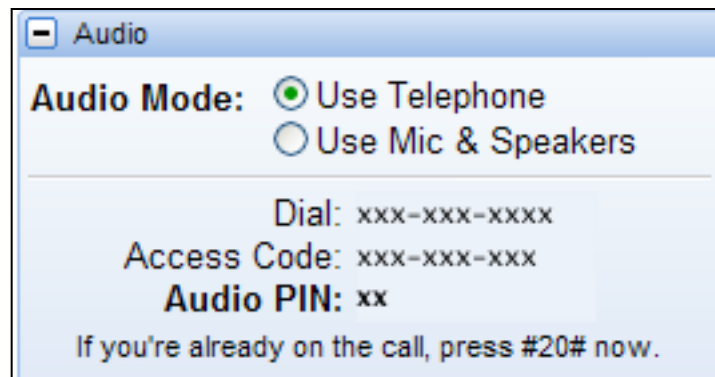
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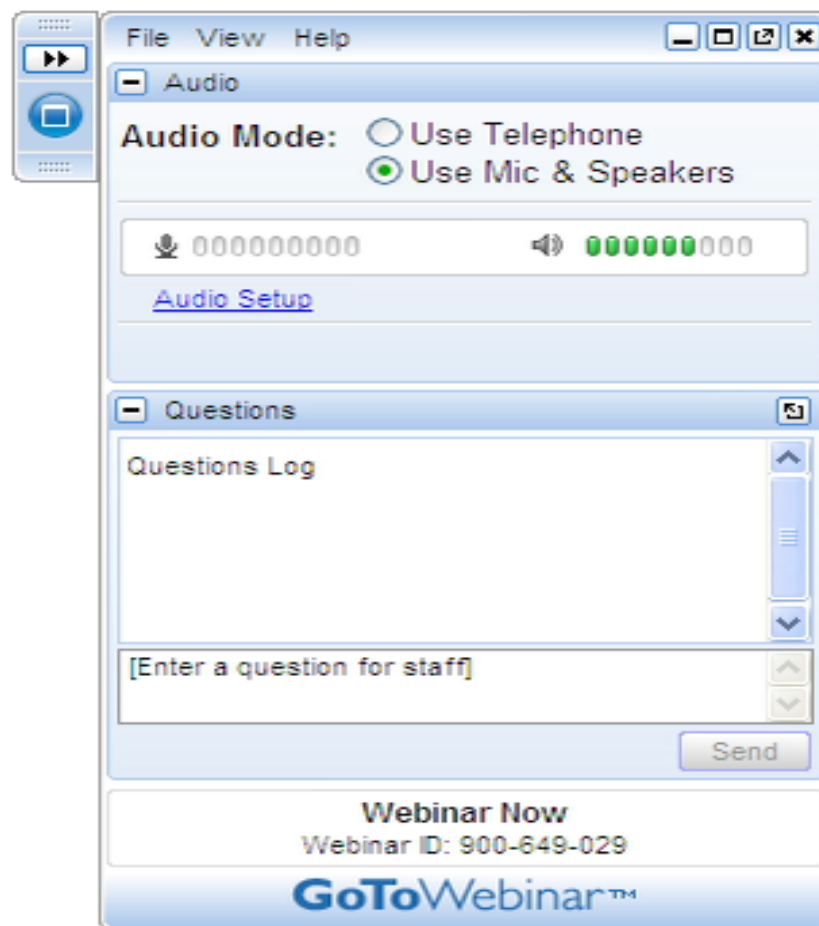
- ☐ **We are broadcasting audio now!**
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- ☐ **Remember: Toll charges may apply.**



The screenshot shows a window titled "Audio" with a minus sign icon in the top-left corner. Inside the window, the "Audio Mode" section has two radio buttons: "Use Telephone" (which is selected, indicated by a green dot) and "Use Mic & Speakers". Below this, there are three lines of text: "Dial: xxx-xxx-xxxx", "Access Code: xxx-xxx-xxx", and "Audio PIN: xx". At the bottom of the window, a line of text reads: "If you're already on the call, press #20# now."

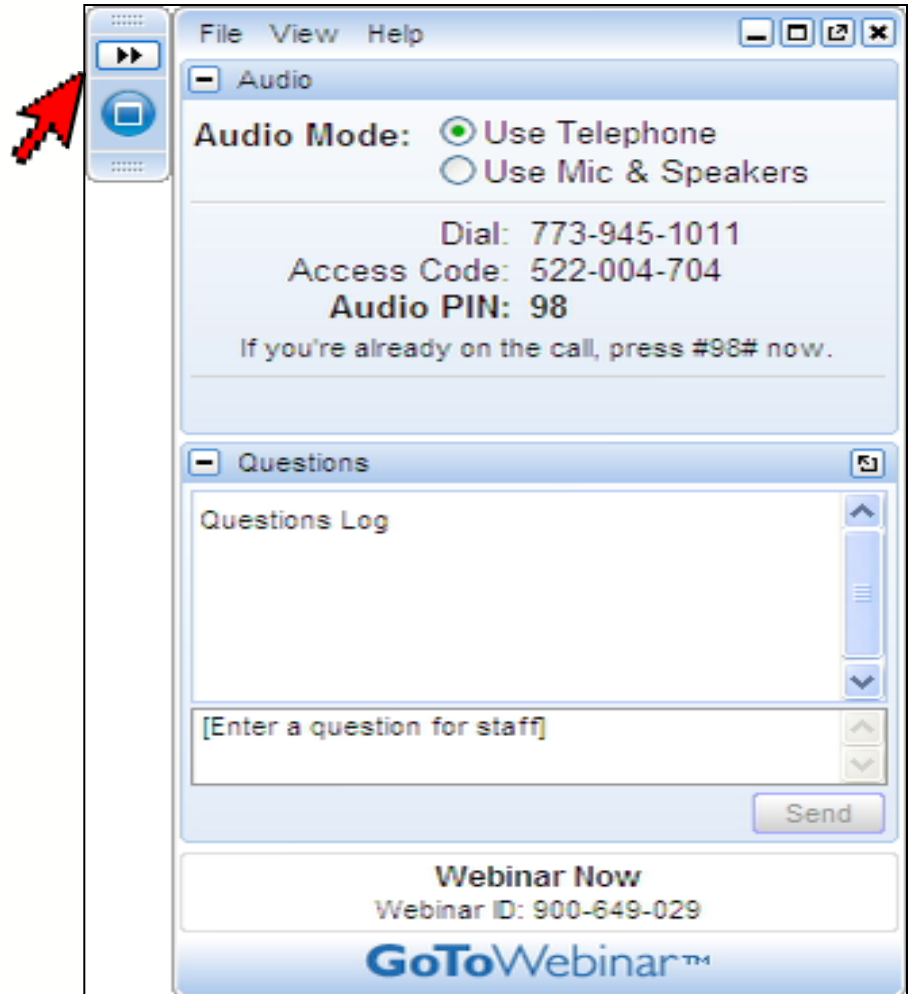
Webinar Tips

- Attendee Control Panel
- Asking Questions



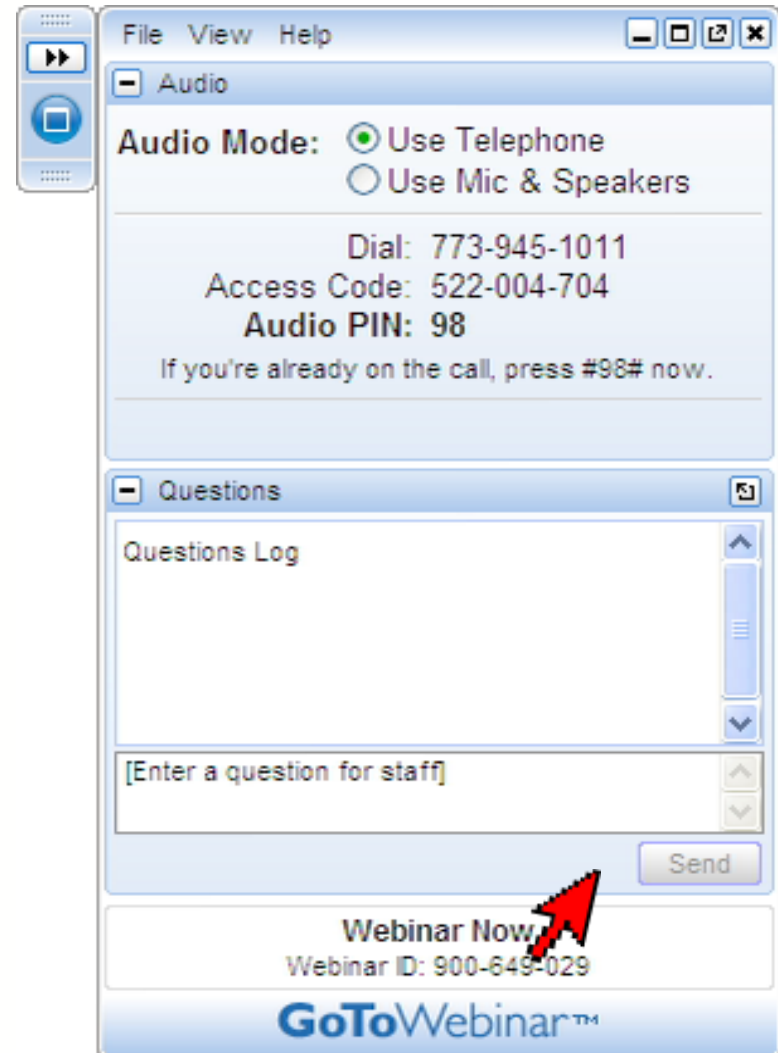
Attendee Control Panel

- Hiding the Control Panel
 - Toggle Auto-Hide On/Off
- Use this panel to:
 - Set your sound preferences
 - Ask Questions and view answers
- Your microphone should always be muted
- Do not use the hand raising icon
 - We are not monitoring this feature



Asking Questions

- You may ask questions anytime during the Webinar
 - Click the Questions option in the Webinar toolbar
 - Type in question
 - Click Send
- Selected questions will be answered during the Webinar – time permitting
- Questions will be reviewed for inclusion in future communications from DSHS



Technical Advisory Group (TAG) Meeting 6/13/12



Chair: Dr. Jeff Thompson, Chief Medical Officer of Washington State Health Care Authority

No.	Topic	Highlights	
1.	Introduction	Chief Medical Officer of the Health Care Authority, Dr. Jeff Thompson	
2.	Medicaid Senior Leaders	Chief Medical Officer	Provider Enrollment Policy (Effective 7/1/12)
		Office of Rates Development	New Conversion Factors (Rates Updates)
		Office of Hospital Finance	Quality Hospital, Trauma Waiver, CPE Prior Authorization, DSH Audits, DSH Applications
		Health Care Benefits and Utilization Management	Physician Billable Dental Codes
		Quality and Care Management	Managed Care Contracts Transition and Release of Updated Plan County Map
3.	UMP	Live Regence Representative - Questions and Answers	
4.	WSHA Senior Vice President for Patient Safety, Carol Wagner	ER is for Emergencies : Adoption of Best Practices Begin 7/1/12	
5.	L&I Program Manager, Janet Peterson Policy and Payments Manager, Erik Landaas	Rate Changes (Top 30 codes), Provider Network	
6.	CMS Chief Medical Officer, Dr. Nancy Fisher	CMS Updates	
7.	DOH Director of Health Professions and Facilities, Steven Saxe	Prescription Monitoring Program	

Enrollment of Ordering, Prescribing, and Referring Providers

- WA Medicaid is requiring all ordering, prescribing, and referring providers to now be an enrolled provider with the Agency.
- WA Medicaid is complying with federal regulation 42 CFR 455.410.
- These providers must be enrolled for claim dates of service of 07/01/2012 and after.
- Denials for claims submitted without an enrolled provider will start with claims for dates of service on and after 07/01/2012.
- This requirement applies to claims with a primary commercial insurance billed as a secondary to WA Medicaid.
- Medicare crossover claims are exempt from the enrollment requirement (however we recommend all providers be enrolled with the Agency).
- Managed Care Organization (MCO) claims are exempted from this requirement.

Enrollment of Ordering, Prescribing, and Referring Providers

- Providers must add their NPI to the prescription/referral.
- Providers can utilize ProviderOne to conduct a Provider Inquiry to ensure a health care professional is enrolled with WA Medicaid.
- This enrollment rule also applies to teaching hospital residents:
 - ✓ Resident must use supervisors NPI when prescribing a scheduled drug.
 - ✓ The hospital must enroll the resident under the hospital NPI.
 - ✓ Contact Provider Enrollment for additional options to enroll residents.
- Providers can enroll or be enrolled by the clinic by following the enrollment requirements at our Provider Enrollment web page <http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider>.

Office of Rates Development

Melissa Usitalo, and Madina Cavendish

Physician Rates Program Manager: Madina Cavendish: madina.cavendish@hca.wa.gov

DME Rates Program Manager: Ming Wu: ming.wu@hca.wa.gov

<http://hrsa.dshs.wa.gov/rbrvs/>

Conversion Factors

Effective 7/1/12

Type of Service

Conversion Factors

Maternity Services:

33.56

Includes Codes:

59425, 59426, 59430

59400-59410

59510-59525

59610-59622

Antepartum & Postpartum Care

Labor & Vaginal Delivery

Cesarean Delivery

Delivery After Previous C-section

Children's Primary Health Care

28.64

Includes Codes:

99201-99215

99381-99395

99460-99463

Office/Outpatient Visits

Preventive Medicine (EPSDT)

Newborn Care

Conversion Factors

Effective 7/1/12

Type of Service

Conversion Factors

Adult Primary Health Care

18.75

Includes Codes:

99201-99215

Office/Outpatient Visits

All Other Services

20.17

Laboratory

0.77

Anesthesia

Per 15 Minutes

21.20

To 30 RBRVS Codes by Dollar Volume (for dates of service 7/1/10-6/30/11)

Conversion Factor = Various

CPT Code	Short Description	Setting	7/01/11 Max Fee	7/01/12 Max Fee	Percentage Change
99214 - Adults	Office/outpatient visit est	Non Facility	\$56.18	\$57.00	1%
99213 - Adults	Office/outpatient visit est	Non Facility	\$37.84	\$38.63	2%
59400	Obstetrical care	Facility	\$2,049.15	\$2096.49	2%
99213 - Children	Office/outpatient visit est	Non Facility	\$61.02	\$59.00	-3%
99285	Emergency dept visit	Facility	\$99.64	\$100.24	1%
99284	Emergency dept visit	Facility	\$68.04	\$68.38	0%
97530	Therapeutic activities	Non Facility	\$19.32	\$20.57	6%
99232	Subsequent hospital care	Facility	\$41.07	\$41.95	2%
99214 - Children	Office/outpatient visit est	Non Facility	\$90.61	\$87.07	-4%
99233	Subsequent hospital care	Facility	\$58.98	\$60.11	2%
92507	Speech/hearing therapy	Non Facility	\$49.12	\$45.18	-8%
99283	Emergency dept visit	Facility	\$36.03	\$35.90	0%
59510	Cesarean delivery	Facility	\$2,049.15	\$2096.49	2%
99223	Initial hospital care	Facility	\$112.33	\$112.55	0%
99291	Critical care first hour	Facility	\$128.23	\$130.10	1%
92004	Eye exam new patient	Non Facility	\$83.54	\$88.14	6%
01967	Anesth/analg vag delivery	N/A	5 base	5 base	0%

To 30 RBRVS Codes by Dollar Volume (for dates of service 7/1/10-6/30/11)

Conversion Factor = Various

CPT Code	Short Description	Setting	7/01/11 Max Fee	7/01/12 Max Fee	Percentage Change
92508	Speech/hearing therapy	Non Facility	\$16.10	\$13.72	-15%
59426	Antepartum care only	Non Facility	\$820.18	\$825.58	1%
92340	Fitting of spectacles	Non Facility	\$21.14	\$21.58	2%
99391	Per pm reeval est pat inf	Non Facility	\$72.43	\$82.77	14%
87491	Chylmd trach dna amp probe	N/A	\$39.02	\$38.28	-2%
87591	N.gonorrhoeae dna amp prob	N/A	\$39.02	\$38.28	-2%
97110	Therapeutic exercises	Non Facility	\$17.71	\$18.76	6%
99472	Ped critical care subsq	Facility	\$231.09	\$234.98	2%
59410	Obstetrical care	Facility	\$1,015.04	\$1041.70	3%
92014	Eye exam & treatment	Non Facility	\$69.25	\$73.02	5%
99203 - Adults	Office/outpatient visit new	Non Facility	\$56.37	\$57.56	2%
99214 - Adults	Office/outpatient visit est	Facility	\$40.90	\$40.88	0%
99469	Neonate crit care subsq	Facility	\$232.30	\$243.86	5%

The logo for the Washington State Health Care Authority. It features the text "Washington State" in a dark blue sans-serif font. Below it, "Health Care" is in the same font. The word "Authority" is in a larger, bold, dark blue sans-serif font. A large, stylized, dark red "A" is positioned between "Health Care" and "Authority", with a red swoosh line arching over the top of the "A" and extending to the right.

Washington State Health Care Authority

Office of Hospital Finance

06-13-12

Topics

- Disproportionate Share Hospital (DSH)
 - 2009 Audit
 - 2013 Applications
- Quality Incentive Payments (QIP)
- Certified Public Expenditure (CPE) Authorization
- Trauma Waiver

DSH 2009 Audit

- Document request has been sent to all hospitals
- Documents due by June 22nd
- Format is similar to previous years' audits
- Contact Mary O'Hare for any questions

DSH 2013 Application

- Application Date pushed back to August 1st
- All Hospitals are encouraged to apply
- Application available at:
<http://hrsa.dshs.wa.gov/HospitalPymt/DSH/Forms.htm>
- Data reporting elements remain substantially the same
- Please contact Mary for any information

Quality Incentive Payments

- Hospitals were graded by five factors of quality:
 - Worker Influenza Immunization
 - Patient Discharge Instructions
 - Elective Delivery Rates
 - Emergency Department Plan
 - Multiple Antipsychotics Justification
- 1% Increase to Inpatient Hospital Conversion Factor effective July 1st
- Rate notifications sent June 7th

CPE Authorization

- CPE Inpatient claims are not included in the Managed Care expansion for SSI clients
- Claims will still need to be authorized by the Managed Care plans
- Authorizations will be submitted in the Comments or Notes field in this format:

PA from Molina: 6857741

CPE Authorization (cont.)

- **IMPORTANT:** Inpatient claims without a comment will be denied.
- Data will be reported back to the Managed Care plans on a quarterly basis.

Trauma Waiver

- Concept paper submitted to CMS on April 10th
- Current documents related to this request can be found at:

<http://hrsa.dshs.wa.gov/HospitalPymt/waiver/index.htm>

Questions?



Contact Information

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Mary O'Hare

DSH Program Manager

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Medical Physicians and Dental Codes

The following services are available to children up to age 6:

ADA Code	Description	PA	Limitations	Maximum Allowable Fee
D0120*	Periodic oral evaluation	No	One periodic oral evaluation is allowed every six months through age 5 per provider, per client	ABCD dental fee schedule
D1203	Topical fluoride application	No	Up to 3 times in a 12-month period through age 5, per provider, per client	On-line Fee Schedules Physician fee schedule
D9999*	Family Oral Health Education	No	Limited to one visit per day, per family, per provider. Up to 2 visits per child in a 12-month period through age 5, per provider or clinic.	ABCD dental fee schedule

***Medical Physicians can bill these codes once they complete the required training**

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Washington State Health Care Authority

Managed Care Changes
Basic Health and Healthy Options

Topics to be covered

- Brief history
- New managed care organizations
- New eligible populations
- Enrollment process
- How can you help
- Contact information and questions

Brief history

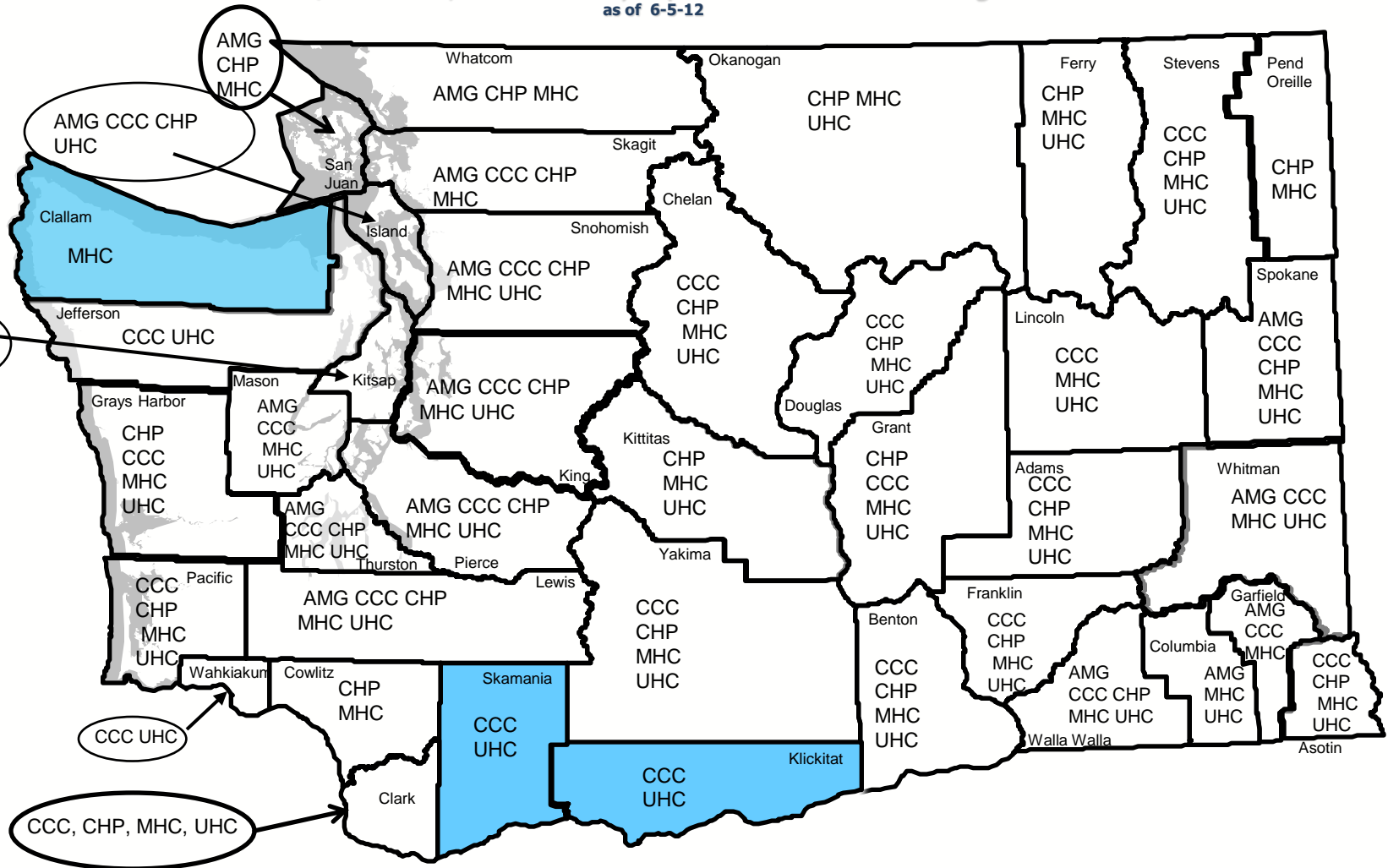
- Agency merger – July 2011
 - Medicaid Purchasing Administration to Health Care Authority
 - Behavioral Health Services to DSHS
- Joint Procurement – September 2011
 - Request for Proposal released - September 2011
 - Proposals reviewed and scored by teams – December 2011
 - Apparent successful bidders announced – January 2012
 - Contracts awarded – April 2012
- Contract Effective Date - July 1, 2012

Managed care organizations

Effective July 1, 2012



Effective 7-1-2012 Service Areas for Healthy Options, Children's Health Insurance Program, Basic Health Plus, Healthy Options Blind/Disabled, and Healthy Options Foster Care Programs as of 6-5-12



County enrollment in managed care is voluntary.

Ensuring readiness

- Comprehensive readiness reviews of each health plan
 - Examination of contractual and quality requirements
- Bi-weekly plan training sessions
 - Bi-weekly individual health plan meetings
 - Ad hoc meetings as requested
- Bi-weekly network development assessment
- Agency staff response to plan questions
 - Review of plan materials

Managed Care eligibility

- Basic Health eligibility does not change
 - Not open for new enrollment – 34,000 members
- Healthy Options will continue to include:
 - TANF families and children up to age 19
 - Pregnant Women (eligible for Medicaid)
 - Children's Health Insurance Program (CHIP)
 - 694,000 as of April 2012
- New population to be added
 - 140,000 Categorically Needy Blind/Disabled non-Medicare
 - Optional enrollment for foster care children

Healthy Options enrollment process

- New Healthy Options Blind/Disabled population enrolls in phases:
 - Eastern WA (43,000) – July 1
 - Western WA (43,000) – August 1
 - Clark, King, and Pierce Counties (54,000) – September 1

Healthy Options enrollment process

- Clients receive notice of enrollment in a health plan and instructions on how to change plans
 - Clients get verification when a change is made
 - Letters and enrollment forms begin mailing
May 30
- Choice is prospective effective the first day of the following month
 - Changes for July 1 can be made until June 28

Basic Health Open Enrollment

- May 14 – June 15
- Opportunity for only current members to change plans
- Cost-sharing
 - Members who must change health plans will have credit for deductible and out-of-pocket maximum
 - Members who choose to change health plans will have their deductible and out-of-pocket expenses start over

How can you help?

- Know what to tell clients
 - Determine if the client is a Basic Health or Healthy Options member
 - Tell your patients what health plans you work with
 - If the patient is enrolled in a plan you are not contracted with, tell them they have the option to switch plans
 - Advise the patient to check with all of their doctors or specialists

How can you help?

- Medicaid clients can make plan choices now
May 30 - June 28 for a July 1 effective date
- Use the ProviderOne system
 - <https://www.waproviderone.org/client>
- Call the IVR at 1-800-562-3022
- Verify eligibility in ProviderOne prior to providing service

Health Plan Contact Information



Provider line - 1-800-454-3730

Website: <http://washington.joinagp.com>



Provider line - 1-800-440-1561

Website: <http://www.chpw.org/for-providers/>



Provider line - 1-877-644-4613

Website: <http://www.coordinatedcarehealth.com/for-providers/become-a-provider/>



Provider line - Phone: 1-800-869-7175

Website: <http://www.molinahealthcare.com/medicaid/providers/wa/Pages/home.aspx>



Provider Line - 1-877-542-9231

Website: <http://www.uhccommunityplan.com/health-professionals>

Questions

- Basic Health and Healthy Options Managed Care
http://www.hca.wa.gov/managed_care
- Healthy Options
<http://hrsa.dshs.wa.gov/HealthyOptions/>
- Basic Health
<http://www.basicealth.hca.wa.gov>
- Contact us:
 - Medicaid: <http://hrsa.dshs.wa.gov/contact/default.aspx>
 - Basic Health: Chat online with a representative at www.basicealth.hca.wa.gov



Medicaid Billing Tip

Provider Relations Unit



Successful Eligibility Checks

Foster Care Information

- Foster Care Client's Medical Records History is available.
 - ✓ There is an extra button at the top of the eligibility screen.

Printer Friendly Version

Close Submit Another Inquiry **Medical Records** Exit

Selection Criteria Entered:

Date of Request: 08/18/2011	ProviderOne Client ID: 564532100WA
Time in Request: 07:20:08 AM PDT	Client Date of Birth:
Provider ID:	Client SSN:
From Date of Service: 08/18/2011	Client Last Name:
To Date of Service: 08/18/2011	Client First Name:

Client Demographic Information:	System Response Information:
ProviderOne Client ID: 564532100WA	Valid Request Indicator:
Client First,Middle,Last Name: UNCLE SAM	Reject Reason Code:
CSO/HCS: 076-MEDS	Follow-Up Action Code:
County Code: 017-King	
CSOR: 043-KING SOUTH CSO	
Date of Birth: 12/28/2003	
Gender: Male	

- ✓ Click the button to see:
 - Pharmacy services claims.
 - Medical services claims (includes dental).
 - Hospital services claims.
- See the [Billing and Resource Guide](#) for complete details. Web address is on the last slide.



Successful Eligibility Checks

Foster Care Information

➤ Foster Care Client's Medical Records History shows claims paid by ProviderOne. Each section looks like:

- ✓ If any field is empty there is no data for it.
- ✓ Sort by using the “diamonds” under each column name:
- ✓ Search by using the “Filter by Period” boxes.
- ✓ If there is more pages of data use the “Next” or “Previous” buttons:

Drug Name
▲ ▼

- ✓ If there is no data for the section it will display:

No Records Found !

Printer Friendly Version
Close

Pharmacy:

Filter By Period: All Go

Fill Date	Drug Name	Strength	Qty	Days	Refill Sequence	Prescriber Name	Pharmacy Name	Pharmacy Phone #
02/03/2011	VITAMIN D	1000 UNIT	60	30	00	FRANKLIN,BEN	BIG RIVER PHARMACY	(509) 555-2323
01/27/2011	POLYETHYLENE GLYCOL 3350	0	527	30	01	FRANKLIN,BEN	BIG RIVER PHARMACY	(509) 555-2323
01/18/2011	BACLOFEN	20 MG	90	30	00	FRANKLIN,BEN	BIG RIVER PHARMACY	(509) 555-2323
01/12/2011	LANSOPRAZOLE ODT	15 MG	60	30	00	WASHINGTON,GEORGE	BIG RIVER PHARMACY	(509) 555-2323
01/12/2011	BUPROFEN	400 MG	15	10	01	WASHINGTON,GEORGE	BIG RIVER PHARMACY	(509) 555-2323

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Medical Services (primary and specialty care):

Filter By Period: All Go

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	Procedure Code	Servicing Provider Name	Billing Provider Name	Billing Provider Phone #
02/02/2011	02/02/2011			01120,01203,00150,11015	HAMILTON, ANDREW	BIG RIVER DENTAL CLINIC	(509) 555-5678
01/24/2011	01/24/2011	3439 - Cerebral palsy NOS	7689,5181	A0425,A0428		MEDICAL AMBULANCE SERVICE	(509) 555-2222
01/24/2011	01/24/2011	78097 - Altered mental status	3481,79091,51881	A0425,A0429		MEDICAL AMBULANCE SERVICE	(206) 535-4444
12/16/2010	01/15/2011	V440 - Tracheostomy status	85400,04112,51889	E0445		HOME NURSING SUPPLY	(509) 555-3333
01/04/2011	01/04/2011	V440 - Tracheostomy status	51889,85400,04112	A7525		HOME NURSING SUPPLY	(509) 555-3333

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Hospital Care:

Filter By Period: All Go

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	ER/Outpatient/Inpatient	DRG Description	Attending Provider Name	Billing Provider Name	Billing Provider Phone #
01/24/2011	01/24/2011	47874 - Stenosis of larynx	3481,V440,37775,53081	Outpatient		EAGLECLAW, DAI	CHILDREN'S	(206) 535-2167
01/11/2011	01/11/2011	51919 - Trachea & bronch dis NEC		Outpatient		KIDD, CIS CO	MEMORIAL HOSPITAL	(509) 555-6789
10/27/2010	10/27/2010	85406 - Brain inj NEC-coma NOS		Outpatient		KIDD, CIS CO	MEMORIAL HOSPITAL	(509) 555-6789
09/30/2010	09/30/2010	78720 - Dysphagia NOS	78722	Outpatient		EAGLECLAW, DAI	CHILDREN'S	(206) 535-2167
09/21/2010	09/21/2010	47874 - Stenosis of larynx		Outpatient		EAGLECLAW, DAI	CHILDREN'S	(206) 535-2167

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Administrative Services Provider Question and Answer

 Regence		
JOHN Q. PUBLIC ID NO UDW W799999999	Group No.	12345678
00 JOHN Q PUBLIC		MedImpact* RxBIN #003585 RxPCN #38600 RxGroup #38600
		*Not a BlueCross and BlueShield product
		

 Regence	
Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.	
Hospital or physicians: File claims with local Blue Cross and/or Blue Shield Plan.	
Regence BlueShield provides administrative services and does not assume any financial risk or claims for medical services.	
	
www.myRegence.com www.ump.hca.wa.gov Members Call 1 (888) 849-3681 Outside of Area 1 (800) 810 BLUE (2583) Providers Call 1 (888) 849-3682 www.regence.com/providers WA State Rx Services * 1 (888) 361-1611	
*Not a BlueCross and BlueShield product	
Regence BlueShield PO Box 30271, Salt Lake City, UT 84130-0271	
Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association	
Pharmacy benefits administrator - not a BlueCross BlueShield product	

<http://www.wa.regence.com/provider/UMP-corner.html>



WASHINGTON »

For Physicians, Other Health Care Professionals and Facilities





Reducing Preventable Emergency Room Visits



ER is for Emergencies

An Opportunity: Patients, when possible, should be treated by their primary care provider for non-emergency conditions in order to promote consistent, cost effective, quality care.

- By June 15, 2012 hospitals must have implemented best practices on:
 - Electronic health information
 - Patient education
 - High-user client information/identification
 - High-user client care plans
 - Narcotics prescriptions
 - Prescription monitoring
 - Use of feedback information
- By January 1, 2013 hospitals must demonstrate reduction in low acuity visits
- If unsuccessful, physicians and hospitals will suffer major cuts in Medicaid ER payments

Partnering for Change

- Washington State Hospital Association
- Washington State Medical Association
- Washington Chapter of the American College of Emergency Physicians

Health Care Authority
is an important to the
process





Emergency Room Overuse: It Is a Problem

Medicaid ER Use Is High

In the past year:

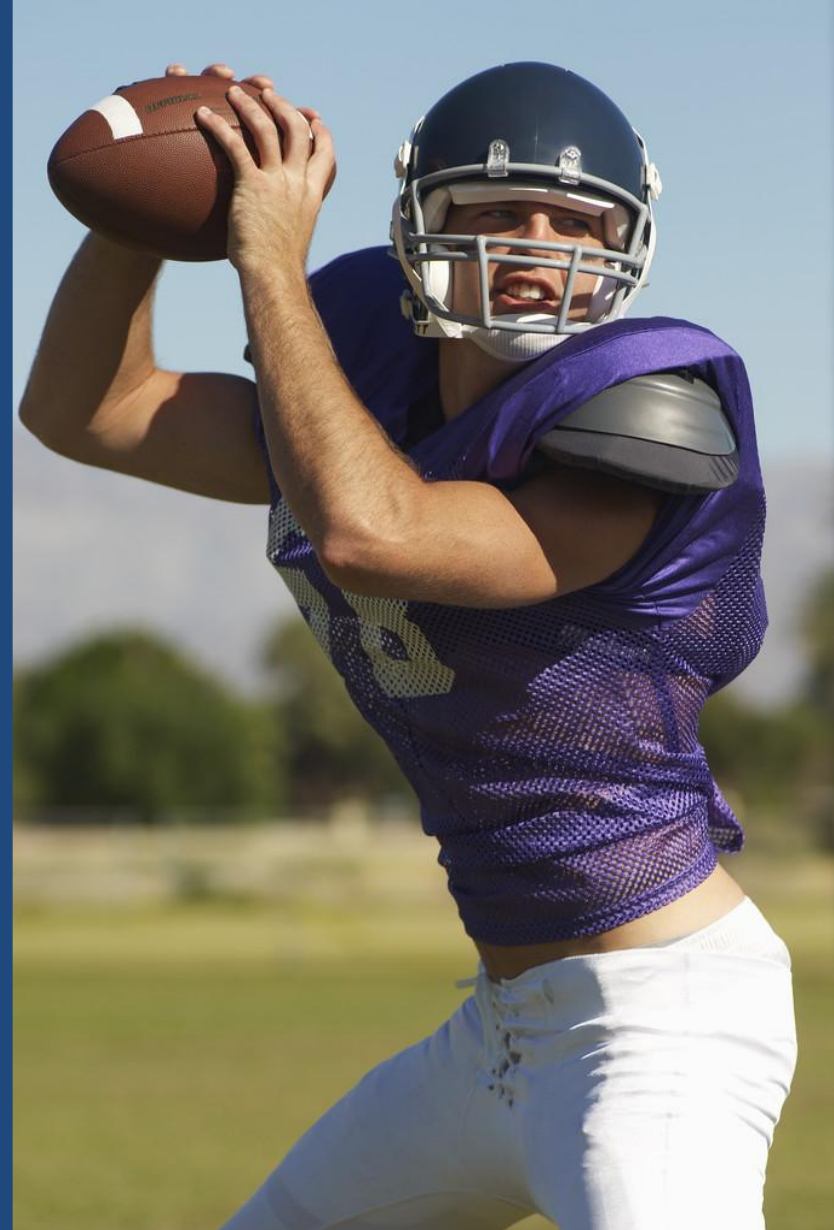
- About 40% of Medicaid clients visited an ER
- About 18% of people with private insurance visited an ER

Medicaid ER Use Is High

Contributing factors:

- ✓ Lack of primary care
- ✓ Substance abuse
- ✓ Mental health

Success Assumes
There is Someone to
Catch the Pass



Frequent Users

One client:

Grand Total	103
Contusion of chest wall	14
Contusion shoulder <u>reg</u>	10
Sprain lumbar/Lumbago	10
Joint pain-Sprain	9
Headache	7
Contusion	6
Chest pain NOS	5
Sprain shoulder/arm NOS	5
<u>Migraine unsp wo ntrc mern</u>	4
Sprain of wrist NOS	4
Vomiting alone	4
Back contusion	3
Contusion abdominal wall	3
<u>Abdominal pain unsp site</u>	2
Dental disorder NOS	2
Malaise and fatigue NEC	2
Cellulitis	2
Abrasion shoulder/arm	1
Dizziness and giddiness	1
General medical exam NOS	1
Issue repeat prescript	1
Jaw disease NOS	1
Joint pain-pelvis	1
<u>Noninf gastroenterit</u> NEC	1
Pain in limb	1
Painful respiration	1
Sprain rotator cuff	1
Viral infection NOS	1

All clients:

N of Visits	Frequency
4-6	7262
7-10	2362
11-15	859
16-25	467
26-35	120
36-50	47
51+	23
Total Clients	11140

State Approaches to Curbing ER Use

When	What	Impact	Status
Original proposal	3-visit limit on unnecessary use	Cuts payments to providers	Won lawsuit; policy abandoned
Revised proposal	No-payment for unnecessary visits	Cuts payment to providers	Delayed by the Governor just prior to implementation
Current policy	Adoption of best practices	Improves care delivery and reliance on ER as source of care	Passed in latest state budget

Ultimate Goal: Reduce Trend

Current projected trend

Changing the trend



The Seven Best Practices

A) Electronic Health Information

Goal: Exchange patient information among Emergency Departments

- Identify frequent users
- Get access to treatment plans
- Use in providing care
- Exceptions for CAHs with financial burden



B) Patient Education

Goal: Help patients understand and use appropriate sources of care

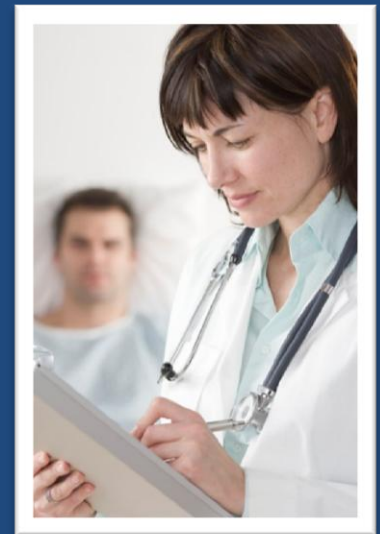
- Active distribution of educational materials
- WSHA/WSMA/ACEP brochure
- Discharge instructions



C) Patient Review and Coordination (PRC) Information

Goal: Ensure hospitals know when they are treating a PRC patient and treat accordingly

- PRC clients = frequent ER users, often narcotic seekers
- Receive and use client list
- Identify patients on arrival
- Use care plans



D) PRC Client Care Plans

Goal: Assist PRC clients with their care plans

- Contact the primary care provider when PRC client visits the ER
- Efforts to make an appointment with the primary care provider within 72 hours when appropriate
- If no appointment required, notify primary care provider that a visit occurred
- Relay barriers to care to Health Care Authority

E) Narcotic Guidelines

Goal: Reduce drug-seeking and drug-dispensing to frequent ER users

- Implement ACEP guidelines for prescribing and monitoring of narcotics
- Direct patients to better resources
- Track data and follow up with providers who excessively prescribe



F) Prescription Monitoring

Goal: Ensure coordination of prescription drug prescribing practices

- Enroll providers in Prescription Monitoring Program: electronic online database with data on patients prescribed controlled substances
- Target enrollment for ER providers :
 - 75% by June 15, 2012
 - 90% by December 31, 2012



G) Use of Feedback Information

Goal: Review reports, ensure interventions are working

- Report specified information to Health Care Authority
- Designate ER leader and quality manager to receive, review, and act on utilization management reports
- Involve executive-level leadership

Immediate Action Needed!

Health Care Authority Olympia, Washington

Attestation of Compliance: Best practices to reduce unnecessary emergency room visits, as provided for in the Third Engrossed Substitute House Bill 2127.

I attest that our hospital adopted processes that meet with the requirements for the seven best practices to reduce unnecessary emergency room visits as described in the attached document. I understand that my hospital's performance measures are public information and may be posted on the Health Care Authority and Washington State Hospital Association websites. As a member of the hospital's executive leadership, I am authorized to make this statement on behalf of our hospital.

Name Printed: _____

Signature: _____

Title: _____

Email Address: _____

Telephone: _____

Name of Hospital: _____

Date: _____

Please return this cover document and the attached checklist

by June 15, 2012 to:

Health Care Authority
Attn: Thuy Hua-Ly
P.O. Box 45502
Olympia, WA 98504-5502

Please fax or e-mail a PDF of this cover sheet to the Washington State Hospital Association, Attn. **Barbara Gorham**, Policy Director, Access, at BarbaraG@wsa.org or fax 206-577-1908. If you have any questions, please contact Barbara by e-mail or telephone (206-216-2512).

Hospitals must
submit
attestations and
best practice
checklists to HCA
by *June 15, 2012*

Ultimate Goal – Coordinated Primary Care Delivery System



An Opportunity: Patients, when possible, should be treated by their primary care provider for non-emergency conditions in order to promote consistent, cost effective, quality care.



If Unsuccessful

Revert to the
no-payment policy.

\$38 million in
annual cuts!



Ongoing Oversight and Measurement: Emergency Department Workgroup

- Health Care Authority
- Washington State Chapter of the American College of Emergency Physicians (WA/ACEP)
- Washington State Medical Association
- Washington State Hospital Association



Questions and Comments



Workers' Compensation **REFORMS**

L&I Update on Workers' Compensation Medical Reform

Janet Peterson, Health Services Analysis Program Mgr

June 13, 2012



Stay at Work Program ■ Medical Provider Network ■ COHE Expansion
Structured Settlement Agreements ■ More Fraud Prevention
Performance Audit ■ SHIP Grants ■ Rainy Day Fund

www.WorkersCompReforms.Lni.wa.gov



Washington State Department of
Labor & Industries



Workers' Compensation **REFORMS**

Workers' compensation medical reform

Goals:

- Promote occupational-health best practices
- Reduce disability
- Provide higher quality medical care
- Improve worker outcomes



Workers' Compensation **REFORMS**

2011 Legislation: Substitute Senate Bill 5801

Law requires:

- Create a statewide provider network
- Define criteria for terminating a provider from the network (including “risk of harm”)
- Designate a “Top Tier” and provide incentives for network providers who demonstrate best practices
- Expand Centers of Occupational Health & Education
- Create tracking system for occupational-health best practices in COHEs and Top Tier
- Identify and pilot emerging best practices



Workers' Compensation **REFORMS**

How the provider network will work

- Will serve injured workers covered by both L&I and self insured employers
- Injured worker must receive care from network providers, *except for emergency room and initial visits*
- Workers will have choice of providers within the network for ongoing care
- Large network, accepting all providers meeting standards
- L&I manages network



Workers' Compensation REFORMS

Who must be in the network

Beginning **January 1, 2013**, all current and new Washington State providers of the following types must be in L&I's new network to give ongoing care for injured workers. This includes:

- Physicians
- Chiropractors
- Naturopathic Physicians
- Podiatric Physicians & Surgeons
- Advanced Registered Nurse Practitioners
- Physician Assistants
- Dentists
- Optometrists

Other provider types will continue to treat injured workers in 2013 *without* joining the network (for example, PT/ OT & out of state providers).



Workers' Compensation **REFORMS**

3 ways to submit network applications:

1. Submit through ProviderSource, also known as OneHealthPort
2. Fax or mail paper documents to L&I
3. Enrollment through delegation – some medical groups may be qualified to credential their members

Note: Some providers may not receive an invitation if they are with a medical group who is qualified to credential their members on behalf of L&I.



Workers' Compensation REFORMS

Enrollment similar to other insurers

NOTE: All providers must reapply, regardless of whether they have a current L&I provider number.

There are only 3 parts to the application:

1. Washington Practitioner Application (WPA)
2. Provider Network Agreement
3. Statewide Payee Registration/W-9 tax form

All application materials are available at:

www.JoinTheNetwork.Lni.wa.gov



Workers' Compensation **REFORMS**

Transfer of care to network providers

Our priority is to ensure continuity of care for injured workers.

- October 2012 – Notify all injured workers with open claims whose Attending Providers have not joined the network
 - Include instructions to check their provider's network status
 - Include steps to take if their provider has not yet joined
 - Must have a network provider by January 1, 2013
- October 2012 - Launch new Provider Directory website to help injured workers find a network provider
- Early December 2012 -- Send reminder letters if needed



Workers' Compensation **REFORMS**

Don't wait until the last minute!

- Physicians and other applicable providers must apply this summer in order to be listed when our online network provider directory goes live October 1st.
- You must join the network to continue to treat current patients January 1, 2013.
- Due to start up of new processes, initial processing is slow. Please be patient -- we are verifying credentials.
- You will receive notification when your application has been accepted.
- Other provider types (PT, OT, Psych, DME, etc.) can treat with an L&I provider # and should *not* apply to the network.



Workers' Compensation **REFORMS**

New L&I initiatives to improve services for providers (planned for launch in 2012/2013):

- Reduce unwanted paper mail (“eCorrespondence”)
- New incentive programs for occupational health best practices
- Improved process for claims manager preauthorizations
- Electronic Funds Transfer (“EFT”)



Workers' Compensation **REFORMS**

We offer medical providers and their staff:

- Pay for phone calls and e-mail
- Prompt and appropriate payment
- Online tools to look up billing codes and pre-authorization requirements.
- Easy enrollment process similar to other insurers
- Provider Account Representatives to help you and your staff
- Free continuing education and billing workshops



Workers' Compensation **REFORMS**

Thank you for treating Injured Workers!

- Join the network:
www.JoinTheNetwork.LNI.wa.gov
- About the network rules and COHE expansion:
www.ProviderNetwork.Lni.wa.gov
- Provider Account Representatives to help you or if you have any additional questions, email:
Providerfeedback@lni.wa.gov



Workers' Compensation **REFORMS**

QUESTIONS?

For help with network enrollment and
application status: (360) 902-5140

My email address:

Janet.Peterson@Lni.wa.gov

Changes in L&I Fee Schedule

RBRVS Conversion Factor - \$55.34

Anesthesia Conversion Factor - \$3.22/\$48.30

OT/PT Daily Cap - \$119.01

Effective July 1, 2012



Washington State Department of
Labor & Industries

TOP 30 RBRVS CODES By Dollar Volume (dates of service 7/1/10-6/30/11)		Non-facility Setting			Facility Setting		
		Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	Percent Change	Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	Percent Change
97110	Therapeutic exercises	\$49.49	\$51.47	4.0%	\$49.49	\$51.47	4.0%
99213	Office/outpatient visit est	\$114.73	\$117.32	2.3%	\$80.99	\$81.90	1.1%
99214	Office/outpatient visit est	\$169.84	\$173.21	2.0%	\$124.85	\$125.62	0.6%
97140	Manual therapy	\$46.68	\$47.59	1.9%	\$46.68	\$47.59	1.9%
97124	Massage therapy	\$40.49	\$42.06	3.9%	\$40.49	\$42.06	3.9%
97530	Therapeutic activities	\$53.99	\$56.45	4.6%	\$53.99	\$56.45	4.6%
99203	Office/outpatient visit new	\$170.41	\$174.87	2.6%	\$122.60	\$123.41	0.7%
99204	Office/outpatient visit new	\$261.52	\$266.74	2.0%	\$207.53	\$208.63	0.5%
90806	Psytch off 45-50 min	\$140.60	\$135.03	-4.0%	\$128.79	\$122.85	-4.6%
29826	Shoulder arthroscopy/surgery	\$1,083.18	\$291.64	-73.1%	\$1,083.18	\$291.64	-73.1%
73721	Mri jnt of lwr extre w/o dye	\$840.79	\$791.92	-5.8%	\$840.79	\$791.92	-5.8%
72148	Mri lumbar spine w/o dye	\$789.61	\$733.81	-7.1%	\$789.61	\$733.81	-7.1%
73221	Mri joint upr extrem w/o dye	\$825.04	\$774.76	-6.1%	\$825.04	\$774.76	-6.1%
97001	Pt evaluation	\$120.35	\$122.30	1.6%	\$120.35	\$122.30	1.6%
29881	Knee arthroscopy/surgery	\$1,047.19	\$909.79	-13.1%	\$1,047.19	\$909.79	-13.1%
99215	Office/outpatient visit est	\$228.33	\$232.43	1.8%	\$176.59	\$177.09	0.3%
99212	Office/outpatient visit est	\$69.18	\$71.39	3.2%	\$41.62	\$41.51	-0.3%
95904	Sense nerve conduction test	\$88.86	\$96.29	8.4%	\$88.86	\$96.29	8.4%
29827	Arthroscop rotator cuff repr	\$1,756.94	\$1,777.52	1.2%	\$1,756.94	\$1,777.52	1.2%
97112	Neuromuscular reeducation	\$51.74	\$53.68	3.7%	\$51.74	\$53.68	3.7%
99283	Emergency dept visit	\$100.67	\$98.51	-2.1%	\$100.67	\$98.51	-2.1%
99244	Office consultation	\$291.89	\$293.30	0.5%	\$245.21	\$245.16	0.0%
99284	Emergency dept visit	\$188.97	\$187.60	-0.7%	\$188.97	\$187.60	-0.7%
97014	Electric stimulation therapy	\$24.18	\$25.46	5.3%	\$24.18	\$25.46	5.3%
99243	Office consultation	\$197.40	\$198.67	0.6%	\$154.10	\$154.95	0.6%
64721	Carpal tunnel surgery	\$688.38	\$709.46	3.1%	\$685.00	\$705.03	2.9%
72141	Mri neck spine w/o dye	\$789.05	\$737.68	-6.5%	\$789.05	\$737.68	-6.5%
64483	Inj foramen epidural l/s	\$402.12	\$407.86	1.4%	\$169.28	\$185.39	9.5%
73222	Mri joint upr extrem w/dye	\$898.72	\$839.51	-6.6%	\$898.72	\$839.51	-6.6%
72158	Mri lumbar spine w/o & w/dye	\$1,206.91	\$1,099.05	-8.9%	\$1,206.91	\$1,099.05	-8.9%



TOP 30 MOST CHANGED RBRVS FEES (by percentage, from top 300 codes)		Non-facility Setting			Facility Setting		
		Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	Percent Change	Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	Percent Change
35860	Explore limb vessels	\$704.69	\$1,399.55	98.6%	\$704.69	\$1,399.55	98.6%
29826	Shoulder arthroscopy/surgery	\$1,083.18	\$291.64	-73.1%	\$1,083.18	\$291.64	-73.1%
95015	Id allergy titrate-drug/bug	\$23.62	\$12.17	-48.5%	\$12.94	\$4.98	-61.5%
99218	Initial observation care	\$105.73	\$155.51	47.1%	\$105.73	\$155.51	47.1%
38230	Bone marrow harvest allogeneic	\$559.03	\$302.71	-45.9%	\$559.03	\$302.71	-45.9%
99225	Subsequent observation care	\$81.55	\$115.66	41.8%	\$81.55	\$115.66	41.8%
51710	Change of bladder tube	\$263.20	\$153.29	-41.8%	\$162.53	\$130.05	-20.0%
51741	Electro-uroflowmetry first	\$72.55	\$42.61	-41.3%	\$72.55	\$42.61	-41.3%
51736	Urine flow measurement	\$59.05	\$36.52	-38.2%	\$59.05	\$36.52	-38.2%
99224	Subsequent observation care	\$46.12	\$63.64	38.0%	\$46.12	\$63.64	38.0%
11047	Deb bone add-on	\$145.10	\$199.22	37.3%	\$107.42	\$159.38	48.4%
99226	Subsequent observation care	\$122.04	\$166.57	36.5%	\$122.04	\$166.57	36.5%
92588	Evoked auditory test complete	\$111.36	\$71.94	-35.4%	\$111.36	\$71.94	-35.4%
11046	Deb musc/fascia add-on	\$88.30	\$118.43	34.1%	\$61.86	\$90.20	45.8%
95010	Percut allergy titrate test	\$30.93	\$20.48	-33.8%	\$30.93	\$8.85	-71.4%
29581	Apply multilayer compress lower leg	\$153.54	\$104.04	-32.2%	\$52.30	\$21.03	-59.8%
95954	EEG monitoring/giving drugs	\$519.66	\$686.22	32.1%	\$519.66	\$686.22	32.1%
11045	Deb subq tissue add-on	\$51.18	\$67.51	31.9%	\$29.24	\$43.72	49.5%
11042	Deb subq tissue 20 sq cm/<	\$143.97	\$181.52	26.1%	\$77.61	\$97.95	26.2%
99316	Nursing facility discharge day	\$132.16	\$165.47	25.2%	\$132.16	\$165.47	25.2%
77014	Ct scan for therapy guide	\$322.82	\$242.94	-24.7%	\$322.82	\$242.94	-24.7%
92587	Evoked auditory test limited	\$62.43	\$47.04	-24.7%	\$62.43	\$47.04	-24.7%
94762	Measure blood oxygen level	\$33.74	\$26.01	-22.9%	\$33.74	\$26.01	-22.9%
47000	Needle biopsy of liver	\$578.15	\$450.47	-22.1%	\$161.97	\$168.79	4.2%
29440	Addition of walker to cast	\$77.61	\$94.63	21.9%	\$51.74	\$58.66	13.4%
11043	Deb musc/fascia 20 sq cm/<	\$315.51	\$384.61	21.9%	\$199.65	\$259.54	30.0%
51705	Change of bladder tube	\$189.53	\$148.86	-21.5%	\$115.29	\$84.67	-26.6%
92565	Stenger test pure tone	\$21.93	\$26.56	21.1%	\$21.93	\$26.56	21.1%
95813	Eeg over 1 hour	\$596.71	\$721.63	20.9%	\$596.71	\$721.63	20.9%
99219	Initial observation care	\$177.16	\$213.61	20.6%	\$177.16	\$213.61	20.6%



Washington State Department of
Labor & Industries

		Non-facility Setting			Facility Setting		
TOP 30 MOST CHANGED RBRVS FEES (by dollar change, from top 300 codes)		Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	\$ Change	Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	\$ Change
29826	Shoulder arthroscopy/surgery	\$1,083.18	\$291.64	-\$791.54	\$1,083.18	\$291.64	-\$791.54
35860	Explore limb vessels	\$704.69	\$1,399.55	\$694.86	\$704.69	\$1,399.55	\$694.86
20697	Comp ext fixate strut change	\$2,832.25	\$3,330.36	\$498.11	\$2,832.25	\$3,330.36	\$498.11
26553	Single transfer toe-hand	\$4,877.70	\$4,427.75	-\$449.95	\$4,877.70	\$4,427.75	-\$449.95
36246	Ins cath abd/l-ext art 2nd	\$2,092.69	\$1,754.28	-\$338.41	\$466.23	\$454.34	-\$11.89
36247	Ins cath abd/l-ext art 3rd	\$3,297.35	\$2,973.42	-\$323.93	\$555.09	\$541.23	-\$13.86
15732	Muscle-skin graft head/neck	\$2,454.31	\$2,186.48	-\$267.83	\$2,187.74	\$1,909.78	-\$277.96
38230	Bone marrow harvest allogeneic	\$559.03	\$302.71	-\$256.32	\$559.03	\$302.71	-\$256.32
21461	Treat lower jaw fracture	\$3,373.28	\$3,613.70	\$240.42	\$1,539.85	\$1,592.69	\$52.84
20808	Replantation hand complete	\$6,792.67	\$6,584.35	-\$208.32	\$6,792.67	\$6,584.35	-\$208.32
21462	Treat lower jaw fracture	\$3,577.99	\$3,785.81	\$207.82	\$1,690.01	\$1,736.02	\$46.01
21210	Face bone graft	\$3,598.24	\$3,787.47	\$189.23	\$1,384.07	\$1,408.40	\$24.33
26474	Fusion of finger tendons	\$966.20	\$787.49	-\$178.71	\$966.20	\$787.49	-\$178.71
29880	Knee arthroscopy/surgery	\$1,120.30	\$947.97	-\$172.33	\$1,120.30	\$947.97	-\$172.33
95954	EEG monitoring/giving drugs	\$519.66	\$686.22	\$166.56	\$519.66	\$686.22	\$166.56
36245	Ins cath abd/l-ext art 1st	\$2,073.57	\$1,912.00	-\$161.57	\$423.49	\$411.18	-\$12.31
65285	Repair of eye wound	\$1,672.02	\$1,830.09	\$158.07	\$1,672.02	\$1,830.09	\$158.07
19340	Immediate breast prosthesis	\$1,420.62	\$1,573.87	\$153.25	\$1,420.62	\$1,573.87	\$153.25
28730	Fusion of foot bones	\$1,376.76	\$1,230.21	-\$146.55	\$1,376.76	\$1,230.21	-\$146.55
21100	Maxillofacial fixation	\$1,077.56	\$1,217.48	\$139.92	\$607.39	\$648.03	\$40.64
29881	Knee arthroscopy/surgery	\$1,047.19	\$909.79	-\$137.40	\$1,047.19	\$909.79	-\$137.40
20827	Replantation thumb complete	\$3,216.37	\$3,079.67	-\$136.70	\$3,216.37	\$3,079.67	-\$136.70
73225	Mr angio upr extr w/o&w/dye	\$1,020.76	\$888.21	-\$132.55	\$1,020.76	\$888.21	-\$132.55
64561	Implant neuroelectrodes	\$1,630.96	\$1,498.61	-\$132.35	\$674.88	\$663.53	-\$11.35
27365	Resect femur/knee tumor	\$3,164.06	\$3,295.50	\$131.44	\$3,164.06	\$3,295.50	\$131.44
36217	Place catheter in artery	\$3,539.18	\$3,667.38	\$128.20	\$560.15	\$550.08	-\$10.07
47000	Needle biopsy of liver	\$578.15	\$450.47	-\$127.68	\$161.97	\$168.79	\$6.82
63662	Remove spine eltrd plate	\$1,177.10	\$1,303.26	\$126.16	\$1,177.10	\$1,303.26	\$126.16
95813	Eeg over 1 hour	\$596.71	\$721.63	\$124.92	\$596.71	\$721.63	\$124.92
93461	R&I hrt art/ventricle angio	\$2,381.76	\$2,504.69	\$122.93	\$2,381.76	\$2,504.69	\$122.93



Washington State Department of
Labor & Industries

EVALUATION AND MANAGEMENT CODES		Non-facility Setting			Facility Setting		
		Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	Percent Change	Max Fee 7/1/11 CF=\$55.34	Max Fee 7/1/12 CF=\$55.34	Percent Change
99201	Office/outpatient visit new	\$68.61	\$71.39	4.1%	\$42.74	\$42.61	-0.3%
99202	Office/outpatient visit new	\$118.10	\$121.19	2.6%	\$80.42	\$80.80	0.5%
99203	Office/outpatient visit new	\$170.41	\$174.87	2.6%	\$122.60	\$123.41	0.7%
99204	Office/outpatient visit new	\$261.52	\$266.74	2.0%	\$207.53	\$208.63	0.5%
99205	Office/outpatient visit new	\$325.63	\$330.93	1.6%	\$267.14	\$267.85	0.3%
99211	Office/outpatient visit est	\$33.18	\$33.20	0.1%	\$15.18	\$14.94	-1.6%
99212	Office/outpatient visit est	\$69.18	\$71.39	3.2%	\$41.62	\$41.51	-0.3%
99213	Office/outpatient visit est	\$114.73	\$117.32	2.3%	\$80.99	\$81.90	1.1%
99214	Office/outpatient visit est	\$169.84	\$173.21	2.0%	\$124.85	\$125.62	0.6%
99215	Office/outpatient visit est	\$228.33	\$232.43	1.8%	\$176.59	\$177.09	0.3%
99231	Subsequent hospital care	\$63.55	\$63.09	-0.7%	\$63.55	\$63.09	-0.7%
99232	Subsequent hospital care	\$114.17	\$115.11	0.8%	\$114.17	\$115.11	0.8%
99233	Subsequent hospital care	\$164.22	\$164.91	0.4%	\$164.22	\$164.91	0.4%
99241	Office consultation	\$77.05	\$77.48	0.6%	\$52.87	\$53.13	0.5%
99242	Office consultation	\$144.54	\$145.54	0.7%	\$110.79	\$111.23	0.4%
99243	Office consultation	\$197.40	\$198.67	0.6%	\$154.10	\$154.95	0.6%
99244	Office consultation	\$291.89	\$293.30	0.5%	\$245.21	\$245.16	0.0%
99245	Office consultation	\$357.12	\$358.05	0.3%	\$303.70	\$304.37	0.2%
99281	Emergency dept visit	\$34.31	\$33.76	-1.6%	\$34.31	\$33.76	-1.6%
99282	Emergency dept visit	\$66.36	\$65.85	-0.8%	\$66.36	\$65.85	-0.8%
99283	Emergency dept visit	\$100.67	\$98.51	-2.1%	\$100.67	\$98.51	-2.1%
99284	Emergency dept visit	\$188.97	\$187.60	-0.7%	\$188.97	\$187.60	-0.7%
99285	Emergency dept visit	\$277.26	\$275.04	-0.8%	\$277.26	\$275.04	-0.8%



Washington State Department of
Labor & Industries

CMS Update

Presented to: Washington State Medicaid
Technical Advisory Group
Nancy L. Fisher, MD
June 13, 2012

General Provider Updates

- Medicare Online Enrollment System
 - AO and DO e-sign application in authenticated internet-based session.
- PQRS Quality Measures
 - PHYSICIAN_REPORTING_TEMP@cms.hhs.gov
 - Deadline: August 1st , 2012 5 pm EDT
- Version 5010 Electronic Standards
 - Effective July 1, 2012



eRx

2011 Non-successful prescribers

- Meet reporting requirements , Jan 1, 2012- June 30, 2012
 - Individual EP-10 Rx event via claims
 - Small eRx GPRO-625 eRx events via claims
 - Large eRx GPRO-2, 500 eRx events via claims

Significant Hardships

- EP is unable to e-prescribe due to local, state or federal law or regulation
- EP has or will prescribe fewer than 100 prescriptions (Jan 1, 2012-Jun 30, 2012)
- EP practices in a rural area without sufficient high speed internet access (G8642)
- EP practices in an area without sufficient pharmacies for e-prescribing (G8643)

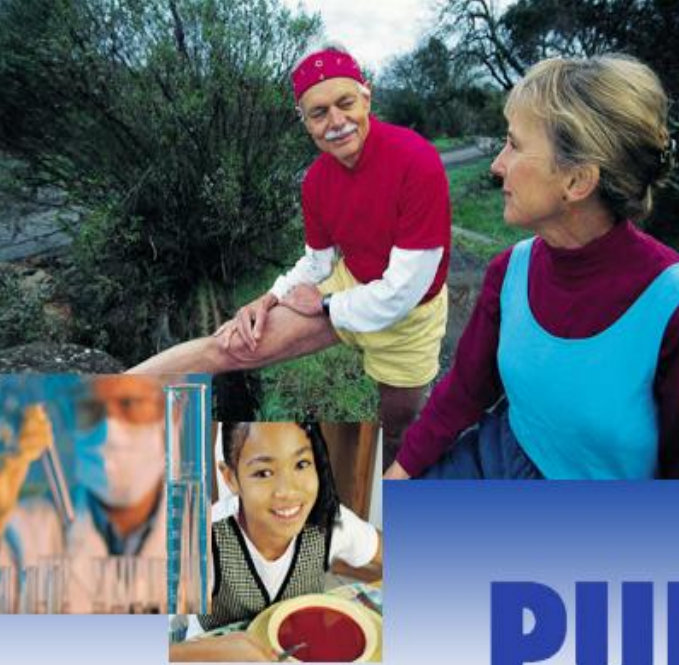
Reporting Significant Hardships

- Quality Reporting Communication Support Page
- March 1, 2012 and June 30th
- CMS review on case by case basis
- All decisions are final
- Submission by G-code via claims, not necessary to submit through Communication Support Page

Additional Information

eRx

- E-Prescribing Incentive Program webpage
- QualityNet Help Desk 1-866-288-8912
- qnetsupport@sdps.org



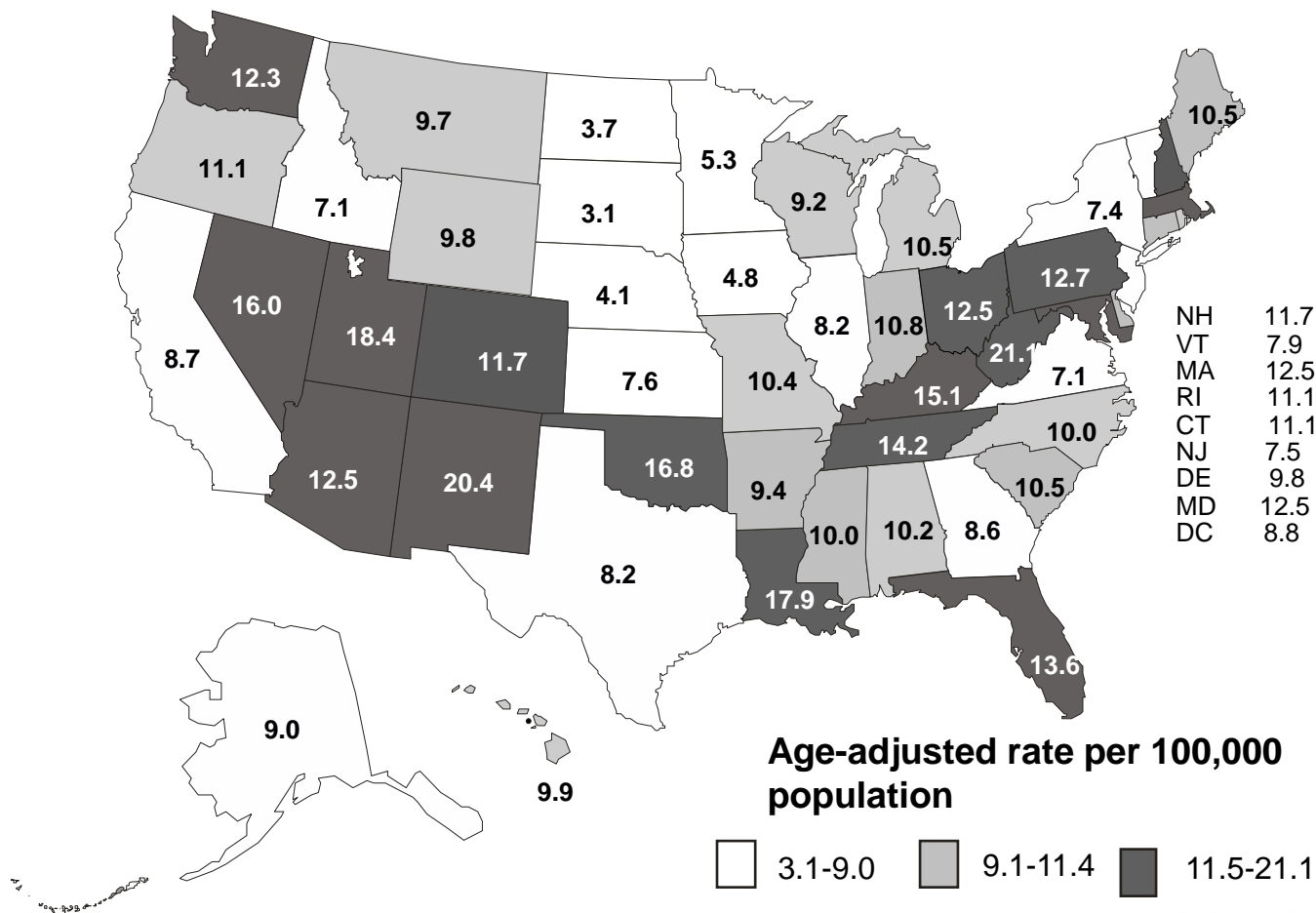
PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

WA Prescription Monitoring Program

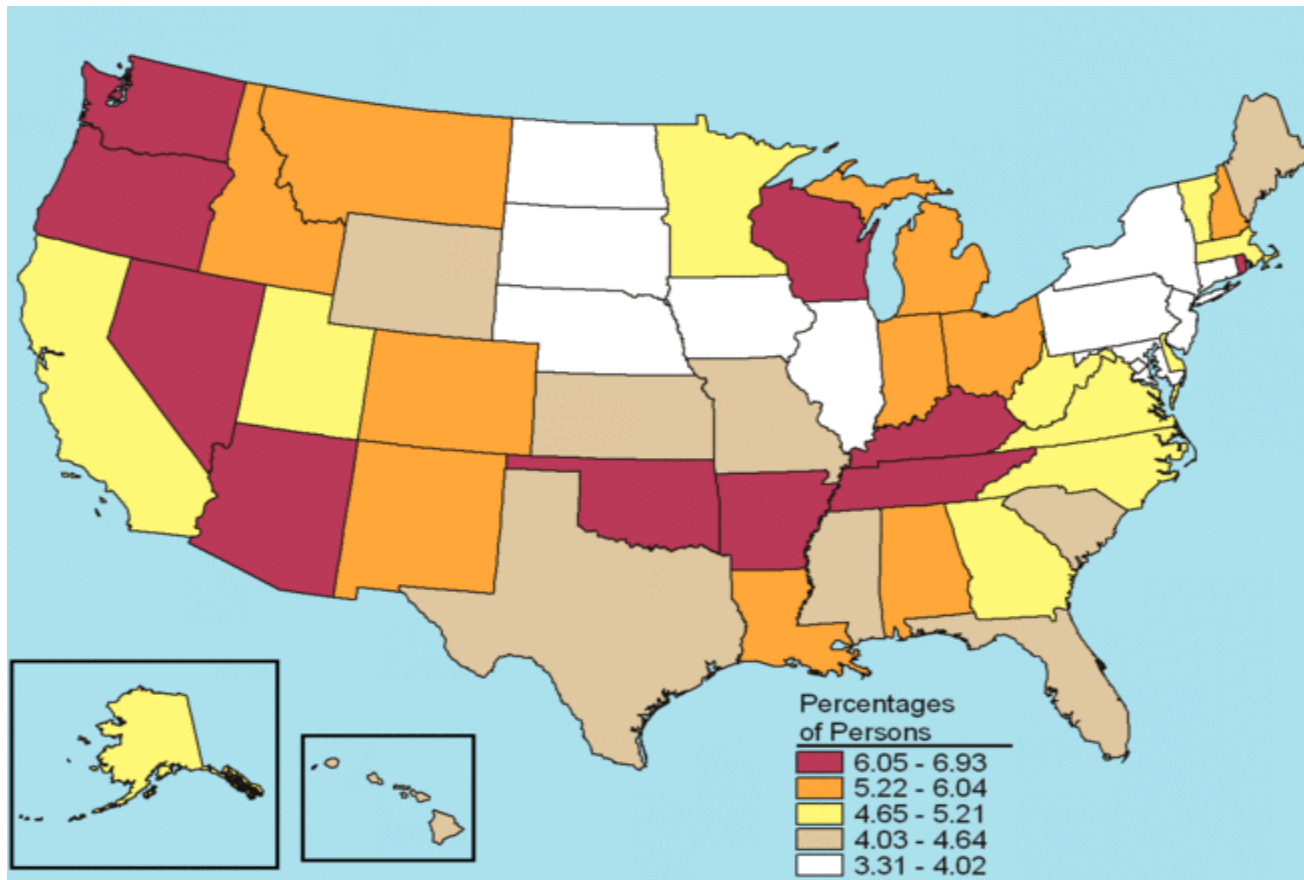
Practitioner Overview - 2012

Unintentional and Undetermined Intent Drug Overdose Death Rates by State, 2007



Non-medical Use of Pain Relievers

12 or Older, 2007 & 2008

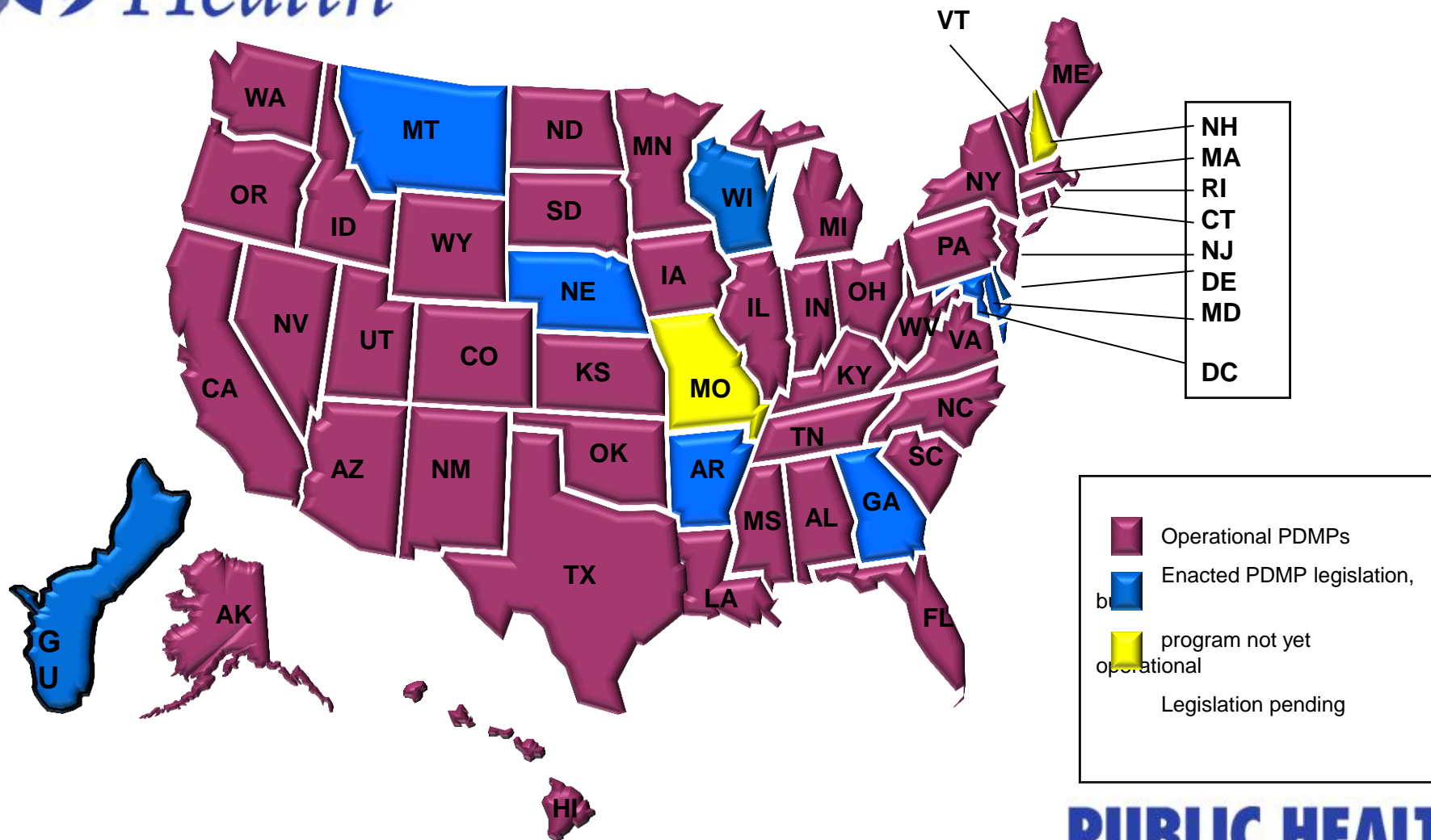


Source: National Survey on Drug Use & Health, SAMSHA

The PMP Solution- “An Overview”

- A PMP is a program designed to improve patient safety and prevent prescription drug abuse by keeping records of all dispenser transactions.
- These records are stored and evaluated to see if illicit use of prescription drugs has been occurring.
- Then reports are generated to aide prescribers, dispensers, law enforcement, and licensing entities in stopping illicit use.

Status of Prescription Drug Monitoring Programs (PDMPs)



History



- Legislation was passed in 2007 (RCW 70.225)
- Federal funding was obtained in October 2010 to restart the implementation
- Rules were adopted in July 2011 (WAC 246-470)
- An additional federal award was obtained in October 2011 finalize the implementation
- DOH has contracted with an application service provider for data collection and reporting

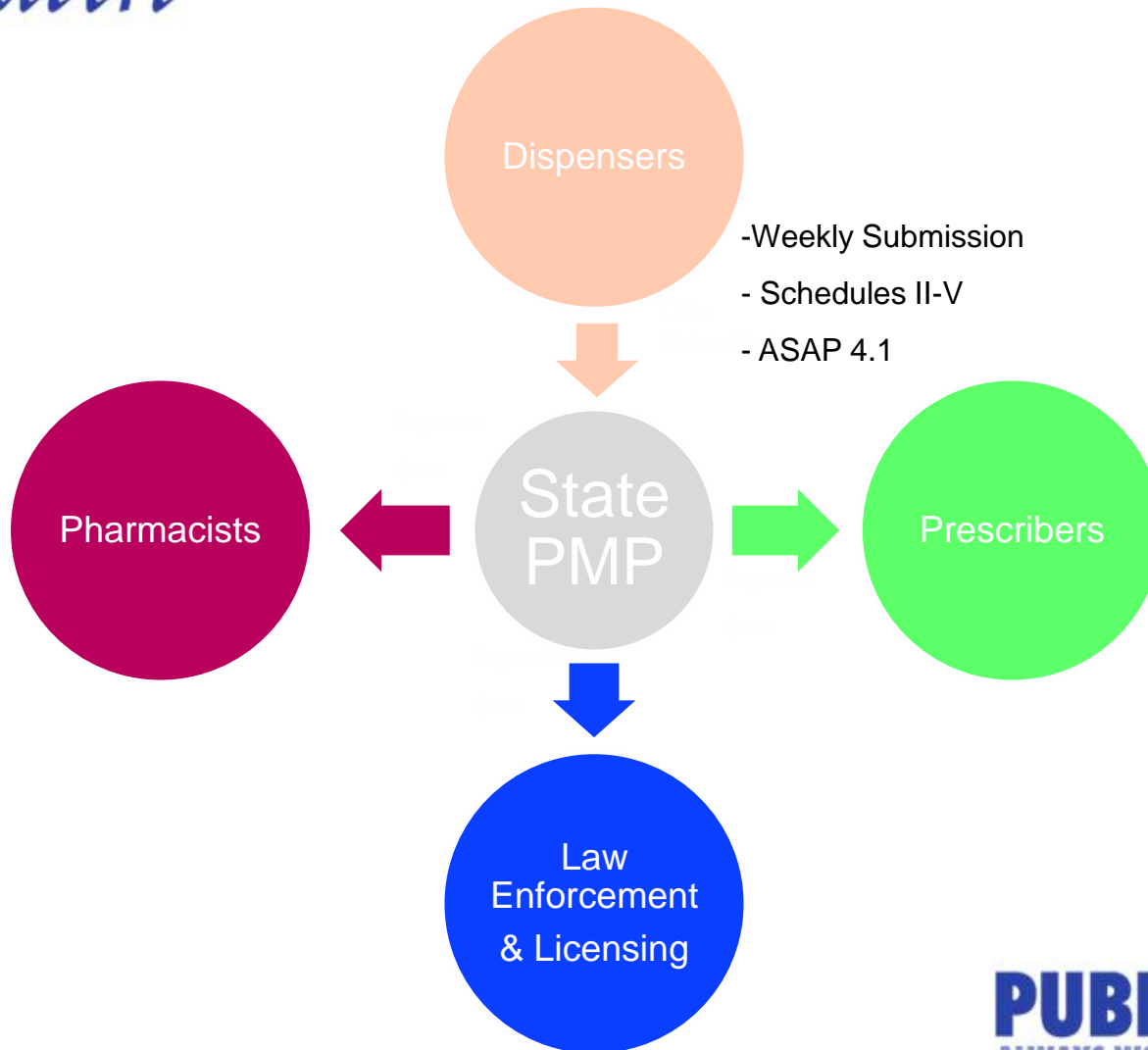
Implementation Update

- Begin Data Collection – October 1
- Begin Mandatory Reporting – October 7
- Begin DOH/PMP Staff/Licensing Board Access – October 26
- Begin Oversight Agencies Access – November 15
- Begin *Pilot* Data Requestor Access – December 1
- Begin Data Requestor Access – January 4
- Begin Law Enforcement/Prosecutorial Agencies Access – January 4
- Begin Medical Examiners/Coroners Access – February 1
- Operations, Maintenance, Enhancements – ongoing

DOH's Goals for Washington's PMP

- To give practitioners an added tool in patient care
- To allow prescribers and dispensers to have more information at their disposal for making decisions
- To get those who are addicted into proper treatment
- To help stop prescription overdoses
- To educate the population on the dangers of misusing prescription drugs
- To make sure that those who do need scheduled prescription drugs receive them
- To curb the illicit use of prescription drugs

System Overview



*Other groups may also receive reports other than those listed

Who isn't required to submit data

- Practitioners who directly administer a drug
- A licensed wholesale distributor or manufacturer
- Prescriptions provided to patients receiving inpatient care at hospitals
- Pharmacies operated by the Department of Corrections (unless an offender is released with a dispensing)
- Veterans Affairs, Department of Defense or other federally operated pharmacies (Indian Health Services is now reporting voluntarily)

Who Has Access

- Prescribers & dispensers - in regards to their patients
- Licensing boards – in regards to investigations
- Individuals – in regards to any prescription dispensed to them
- DOH/Vendor – in regards to program operation
- Law Enforcement/Prosecutor – for bona fide specific investigations
- Medical Examiner/Coroner – cause of death determination
- Health Care Authority (Medicaid), Department of Labor and Industries (Worker's Comp), Department of Corrections (Offenders)
- De-identified information may be provided for research and education

Top 10 Counties for Scripts Per Person

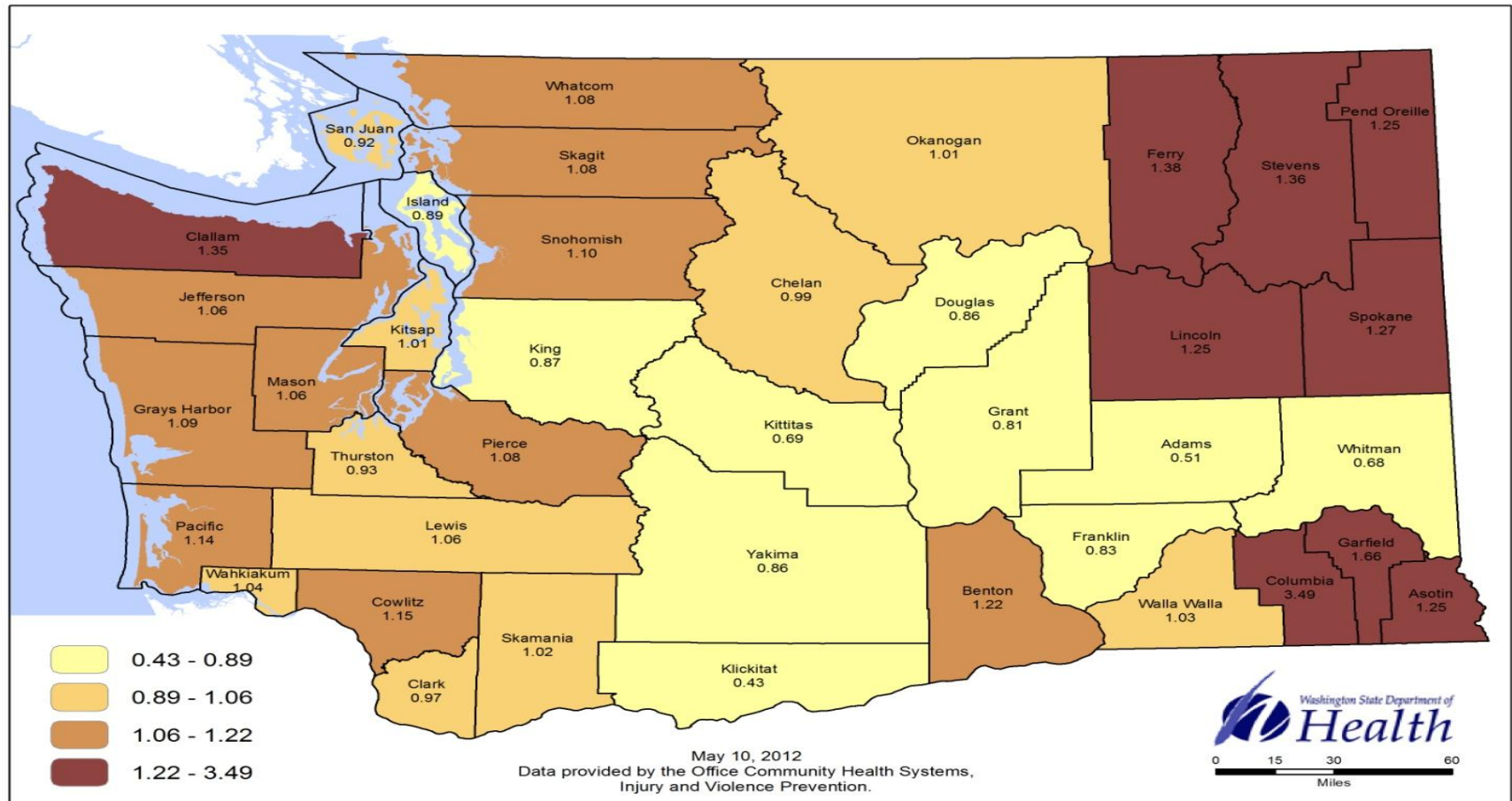
County	Scripts	Population	Scripts Per Person
Columbia	10,810	4,040	2.68
Garfield	2,810	2,101	1.34
Stevens	44,544	42,334	1.05
Ferry	7,858	7,520	1.04
Clallam	72,285	71,413	1.01
Lincoln	9,967	10,248	0.97
Benton	162,763	168,294	0.97
Spokane	452,149	468,684	0.96
Asotin	20,240	21,432	0.94
Pend Oreille	12,177	12,946	0.94

•Data pulled 03/30/12, Jan2011-Feb2012, US 2009 Census
Estimates

•Data from Jan2011-Sept2011 is not complete

Controlled Substance Prescriptions Filled Per Person

Washington State, July 2011-February 2012



Prescribing data: Washington State Prescription Monitoring Program

Population data: Office of Financial Management, 2011 population estimates



Top 10 Drugs by Rx Count

** Data pulled 03/30/12 covers CY 2011, Jan2011-Sept2011 is not complete*

Rank	Generic Name	Number of RX	Total QTY	Total Days Supply
1	HYDROCODONE /ACETAMINOPHEN	944,575	49,889,601	11,135,234
2	OXYCODONE /ACETAMINOPHEN	302,243	16,867,961	3,428,399
3	ZOLPIDEM	285,167	8,845,839	8,455,383
4	OXYCODONE	270,425	25,736,912	4,722,338
5	ALPRAZOLAM	200,471	10,524,485	4,601,852
6	LORAZEPAM	189,683	8,650,802	3,880,719
7	CLONAZEPAM	155,956	9,284,932	4,501,441
8	AMPHETAMINE	135,177	7,273,681	4,012,796
9	METHYLPHENIDATE HCL	119,464	6,322,550	3,650,637
10	MORPHINE SULFATE	97,552	7,337,202	2,272,666



* Data pulled 3/30/12

Recipient Ranking Of Scheduled Drugs

Date: 01/01/12 to 02/29/12

County/Region: Statewide

Summarize By Age Grouping (Decade)

# of individuals with CII Rxs	# of individuals with CIII Rxs	# of individuals with CIV Rxs	# of individuals with CV Rxs	# of individuals with CII and CIII Rxs	# of individuals with CII, CIII, CIV Rxs	# of individuals with State Controlled Rxs
296,718	383,557	336,677	63,381	54,403	19,447	2,011

Generated Reports



- A series of reports can be developed as data collection progresses. Reports include:
 - Patient history reports
 - Reports that show that patients have exceeded a safe level of dispensing
 - Prescriber history reports
 - De-identified reports for research/education
 - Other reports can be generated for specialized interests and needs

Sub-accounts for Prescribers

- The rule allows for “licensed health care practitioner authorized by a prescriber” to access information as a delegate
- Any health professional licensed by the department can have a sub-account
- Prescribes can link sub-accounts to their main account to make requests on their behalf

Provider Quotes

"Now that I've started using this system, it's almost hard for me to imagine how I was practicing medicine without it. Whenever I prescribe scheduled meds now, I routinely search the Prescription Monitoring Program database, to ensure that the patient isn't getting similar meds from another provider. It is amazing to me how often this search reveals that the patient actually was getting such meds somewhere else, and just not providing this information. Finding this out helps prevent abuse of the system and thus keep costs down for everyone. Most importantly, it helps to keep patients safe and allows us to get them the help that they truly need."

Registration and Access

- www.wapmp.org

Prescription Review
Prescribe health Dispense safely

Home

Practitioner/Pharmacist

Terms and Conditions

Access Registration Site

Training Guide for
Practitioners and
Pharmacists

Practitioner & Pharmacist
Query Site

WA PMP Dispenser's
Implementation Guide

WA PMP Resources

WA PMP Data Uploader

WA PMP Statute

WA PMP Rule

WA DOH PMP Website

Contact

home » practitioner/pharmacist

Practitioners and pharmacists must perform the following steps to request an account:

1. Click the Terms & Conditions link located on the left menu to open and read.
2. After reading the Terms and Conditions, click the Training Guide for Practitioners link.
3. Use the information provided in the "Request an Account" topic to create your account.

You may submit your access request form at this time. **Access to the Query Site will Not begin until January 4, 2012.** If your access request is approved, you will receive two e-mail notifications that will include instructions for accessing the database. If your access request is not approved, you will be notified by the WA Prescription Review program staff.

Once you've received your instructions, please click on the **Practitioner & Pharmacist Query Site** link **NOT** the **Access Request Site** link to access the database.

If you have additional questions or concerns, please email the Help Desk at wapmp-info@hidinc.com.; Please be sure to include your username along with any additional information that might help in resolving your issue.

Uses for Prescribers/Pharmacists

- Prescription history of a current or a new patient
 - Check for addiction or undertreated pain
 - Check for misuse, multiple prescribers
 - Check for drug interactions or other harm
 - Use reports for compliance with treatment contracts
- Prescription history of transactions linked to a DEA number
 - Check for fraudulent scripts
 - Regular monthly reporting



PROGRAM CONTACT

- Chris Baumgartner, Program Director
 - Phone: 360.236.4806
 - Email: prescriptionmonitoring@doh.wa.gov
 - Website:
<http://www.doh.wa.gov/hsqa/PMP/default.htm>

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Live Question and Answer

- Respond to questions received prior to TAG
- Answer Real Time Questions
 - ✓ To ask a question please type in questions
 - ✓ We will read and answer questions aloud



Reference Guides Medicaid (HCA)

- See the Provider Training web site for links to recorded Webinars, E-Learning, and Manuals
<http://www.dshs.wa.gov/provider/training.shtml>
- General reference is the ProviderOne Billing and Resource Guide
[http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html)
- Fee Schedule web page
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>
- Hospital Rates web page
<http://hrsa.dshs.wa.gov/HospitalPymt/Index.htm>



Ending the Webinar

- To close the webinar
 - Click the X button in the control panel

Questions?

<https://fortress.wa.gov/dshs/p1contactus/>